FIRS	ST STEPS (FS) PROV	DER ENRO	LLMENT FOR	M	Р	PROVIDER ID #				FS OFFICE USE ONLY							
Check One: New Contract Renewal Adder					ndum Date of Submission:				Program Consultant(s): DATE:								
							INFORMATI	ON									
1. Bus	siness Name			2	2. Federal I	ax ID/Soc. Sec. #			National Provider Ide	ntifier (N	PI)						
4. Stre	eet Address Line 1			•													
5. Street Address Line 2				6. City: 7. State:					8. Zip:								
9. Phone #:		10 Cell Pho	10 Cell Phone #, if applicable:			11. Contract Administrator Name:				12. E-Mail:							
13. FAX #:						14. Billing Contact Person (if different from Contract Admin):				15. E-Mail:							
16. Ta	ax Status: (Check One):				17. District(s) Served:												
Ir	dividual Sole Propriet orporation Public Service	orship Page Corporation _	artnership E Government/N	state/Trust on Profit	Barren River Big Sandy Bluegrass Buffalo Trace Cumberland Valley FIVCO Gateway Green River KIPDA Kentucky River Lake Cumberland Lincoln Trail Northern Kentucky Pennyrile Purchase												
							ALTERNATE										
SOURCE AMOUNT									rrently have to prov								
									used in any way to								
						ervices. This in	formation is sin	nply to provide	KEIS with an unde ds of children in Ke	erstand	ling of	how n	nuch f	unding)		
					15	adequate to m	eet trie earry irii	tervention nee	us of children in Ke	писку							
	SECTION 3: SERVICE PROVIDER(S) AND DISCIPLINE(S)																
	Individual Service			Individual	Disc	Lic#	Lic Exp			FS OFFICE USE ONLY							
*A/D	Provider Name	S	SN '	NPI	Code	(attach)	Date	County (ie	s) To Be Served		Training Backgr				kground (ound Checks	
	Ex. Jane Smith	Ex. 333-	22-1111 Ex.	1234567891	Ex. 28	Ex. 1234	Ex. 07/01/09	Ex. Jefferson	n	SC	AS	DS	EC	AOC	DPP	SOR	
			l			I	1										

*A/D: Indicate Add (A) or Delete (D)